

# **2023 Medicare Advantage Plans For "Full Duals" (Medicare and full Medi-Cal)**

## **Comparison Chart for Contra Costa County**

### **ABOUT THIS CHART**

In Contra Costa County, in 2023 several Medicare Advantage plans are designed for persons who have Medicare plus full scope Medi-Cal. These plans provide all Medicare Part A and Part B health care and services. This Comparison Chart is an abbreviated summary only. The information listed is extracted from each plan's published "Summary of Benefits", a copy of which is available from the plan or from HICAP upon request. That represents the official representation of coverage and pricing. The information on the chart is for individual Medicare Advantage plans only.

Medicare Advantage plans are private insurance plans that are approved and subsidized by Medicare. They offer equivalent benefits to Medicare, including drug coverage. These plans may offer benefits in addition to those found in traditional Medicare. Some of those benefits are listed towards the bottom of the chart.

Three plans shown on page 3 of 4 are only for individuals on Medicare (Parts A and B) who also have full Medi-Cal. These are certified as Dual-Special Needs Plans (D-SNPs). If your Medi-Cal eligibility is lost or if you acquire a Medi-Cal Share of Cost, and you do not regain full Medi-Cal status, you will receive a series of notifications by the plan and be disenrolled after 120 days.

Participants in one of these three D-SNPs have the right to use other Medi-Cal providers for Medi-Cal services not covered by their plan. Special provisions apply to persons with Medicare and Medi-Cal who are in Skilled Nursing Facilities. Contact HICAP for details and assistance.

Two other plans shown on page 4 of 4 of this document are also intended for persons with Medicare (Parts A and B) and full Medi-Cal. The first 2 plans are not certified as D-SNPs and do not coordinate the delivery of covered Medicare and Medicaid health services. Individuals enrolled in the QMB program (Qualified Medicare Beneficiary program) but without full Medi-Cal may also join and benefit from the \$0 premium and \$0 copays for most services. If a member of these plans loses full Medi-Cal or QMB status, they have to pay the usual plan premium and copays. If you join one of these plans, it is important to show your Medi-Cal card along with your plan card when you receive services or you will be asked to make the copays. If you have QMB but not Medi-Cal, be sure to explain this when you receive your services in order to avoid copays. Other individuals eligible to join a Medicare Advantage Plan may join these plans, but they must pay the plan premium and applicable copays. The last Plan shown on page 4 of 4 is designed for only those who are also eligible for Extra Help and functions much like the 2 plans mentioned above if one is also eligible for Full Medi-Cal.

These plans include prescription drug coverage (Medicare Part D), and pricing shown is for those who are designated as eligible for "Extra Help" by the Social Security Administration. You will pay a small copay for your covered drugs. If you do not have Extra Help, prices for medications are typically 25% of the retail price.

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Review the formulary (the list of covered drugs) to be sure the plan will cover the drugs you need and whether any special approvals may be required before you can obtain the drugs. You cannot also have a separate stand-alone Part D drug plan.

**Always verify coverage details with the Medicare Advantage plan, including your preferred physician(s) and hospital(s) are in the plan's network. Also confirm that your physician(s) and hospital(s) participate in the plan's network.**

Please see 2023 Medicare Advantage Plan (HMOs) Comparison Chart for Contra Costa County for these details:

- SOME RULES FOR ALL PLANS
- JOINING A PLAN
- CHANGING PLANS (Full Duals can change plans anytime once a quarter for the first 3 quarters)
- SOME CONSIDERATIONS FOR CHOOSING A PLAN

### Some Reminders

- Primary Care Physician and specialists must belong to the same medical group.
- 2023 Medicare cost sharing for inpatient hospitalization and inpatient mental health: Deductible \$1,600 for each benefit period. Days (1-60) \$0, Days (61-90) \$400 per day, Days (91 and beyond) \$800 lifetime reserve days.
- 2023 Medicare cost sharing for skilled nursing facilities: (Days 1–20) \$0, (Days 21–100) \$200 per day, (Days 101 and beyond) responsible for all costs.

### Contra Costa County Health Insurance Counseling and Advocacy Program (HICAP)

Contact Us: 925-655-1393, 1-(800) 510-2020 or 1-(800) 434-0222

Email: [ehsdhicap@ehsd.cccounty.us](mailto:ehsdhicap@ehsd.cccounty.us) Visit: [www.cchicap.org](http://www.cchicap.org)



Navigating Medicare



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1	HMO NAME	Brand New Day Dual Access	Imperial Dual	Kaiser Permanente Sr. Advantage
	Contact Information	866-255-4795 (new) 866-255-4795 (cur.) www.bndhmo.com	800-838-5914 (new) 800-838-8271 (cur.) www.ImperialHealthplan.com	800-777-1238 (new) 800-443-0815 (cur.) www.kp.org/medicare
2	Medicare Plan ID Number	H0838-024	H5496-011	H0838-46
3	Medicare Star Rating	★★★	★★1/2	★★★★★
4	HMO Monthly Premium	\$0	\$0	\$0
5	Out-of-Pocket Limit A&B	\$0	\$0	\$0
	<b>INPATIENT (PART A)</b>			
6	Hospitals in Network (As directed, except emergency)	John Muir; Sutter Delta; San Ramon Reg'l; Alta Bates	Sutter Delta; San Ramon Reg'l; Alta Bates; UCSF; Others	Kaiser
7	Inpatient Hospitalization	\$0	\$0	\$0
8	Skilled Nursing Care (100 days each Medicare Benefit period)	\$0	\$0	\$0
	<b>OUTPATIENT (PART B)</b>			
9	Doctor Groups in Network (Always verify plan) <sup>(1)</sup>	John Muir Phys; Hill Phys	Imperial Health Holdings	Kaiser
10	Doctor's Office Visit co-pay	\$0	\$0	\$0
11	Outpatient Surgery or Procedure co-pay	\$0	\$0	\$0
12	Ambulance co-pay	\$0	\$0	\$0
13	Emergency Rm. visit co-pay	\$0	\$0	\$0
14	Urgent Need Services (USA)	\$0	\$0	\$0
15	Radiology Tests (MRI, CT)	\$0	\$0	\$0
16	Durable Medical Equipment	\$0	\$0	\$0
17	Chemo. - Part B drugs	\$0	\$0	\$0
	<b>ADDITIONAL BENEFITS</b>			
17	Hearing: Routine hearing loss exams and Aids	\$0 rout exam; \$149 per aid, 2 aids/3yr	20% rout exam; 20% aids (\$2.5K allow.)	No Additional - See Medi-Cal
18	Eye Exams and Glasses (1 pair after cataract surg.)	\$0 routine exam; \$300 eyewear allowance	\$0 routine exam; \$260 allowance	\$0 routine exam; \$350 allowance
19	Dental Included with Plan	\$0 for preventive, see plan doc for others	\$0 Routine \$500/yr \$0 Other \$2k/yr	Comprehensive via DeltaCare
20	Transp. to approved dest.	\$0 up to 48 trips	\$0 no limit	Not Covered
21	Fitness Benefits	SilverSneakers	Silver&Fit or home kit	Silver&Fit or home kit
22	OTC/Flex Card Credit	\$180 OTC Credit/qtr	\$100 OTC Credit/qtr	\$100 OTC Credit/qtr
23	Optional Benefits Available for Extra Monthly Premium	None	None	None
	<b>PRESCRIPTION DRUGS (PART D)</b>			
24	Drug Deductible	\$0	\$0	\$0

See **PlanFinder** at Medicare.gov for more detailed pricing for your medications.

1	HMO NAME	Central Health Premier Plan II	UnitedHealthcare Assure	WellCare Assist (Must have Extra Help)
	Contact Information	866-314-2427 (new) 866-314-2427 (cur.) www.centralhealthplan.com	800-555-5757 (new) 844-808-4553 (cur.) UHCMedicareSolutions.Com	866-277-6583 (new) 800-275-4737 (cur.) wellcare.healthnetcalifornia.co
2	Medicare Plan ID Number	H5649-021-002	H0543-183	H0562-127
3	Medicare Star Rating	★★★1/2	★★★★	★★★
4	HMO Monthly Premium	\$34.50 / \$0	\$27.50 / \$0	\$10.30
5	Out-of-Pocket Limit A&B	\$6,700	\$8,300	\$4,500
	<b>INPATIENT (PART A)</b>			
6	Hospitals in Network (As directed, except emergency)	None in Contra Costa Call Plan	Sutter Delta; San Ramon Reg'l; Alta Bates; Other w/ limits	Sutter Delta; San Ramon Reg'l
7	Inpatient Hospitalization	Medicare cost share or \$0 with Medi-Cal	\$1,556/stay or \$0 with Medi-Cal	\$350/D Days 1-5
8	Skilled Nursing Care (100 days each Medicare Benefit period)	Medicare cost share or \$0 with Medi-Cal	Medicare cost share or \$0 with Medi-Cal	\$0/D Days 1-20 \$196/D Days 21-50 \$0/D Days 51-100
	<b>OUTPATIENT (PART B)</b>			
9	Doctor Groups in Network (Always verify plan) <sup>(1)</sup>	Hill Phys	Select Phys in Hill; Sutter; B&T	Hill Phys CC; Sutter EB; Brown & Toland
10	Doctor's Office Visit co-pay	\$0	20% co insurance or \$0 with Medi-Cal	\$0-PCP;\$5-spec
11	Outpatient Surgery or Procedure co-pay	20% co insurance or \$0 with Medi-Cal	20% co insurance or \$0 with Medi-Cal	\$125- Surg. Ctr.; \$275- Hosp.
12	Ambulance co-pay	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal	\$250 - ground, air
13	Emergency Rm. visit co-pay	20% / \$0 w Medi-Cal	\$90 / \$0 w Medi-Cal	\$110 (Outside US up to \$50k)
14	Urgent Need Services (USA)	20% / \$0 w Medi-Cal	\$40 / \$0 w Medi-Cal	\$0
15	Radiology Tests (MRI, CT)	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal	20% co-insurance
16	Durable Medical Equipment	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal	20% co-insurance
17	Chemo. - Part B drugs	20% / \$0 w Medi-Cal	20% / \$0 w Medi-Cal	20% co-insurance
	<b>ADDITIONAL BENEFITS</b>			
17	Hearing: Routine hearing loss exams and Aids	\$0 rout exam; \$2k allowance/yr	\$0 rout exam; \$2.5k allowance for 2/yr	\$0 rout exam; \$500 allowance/ear/yr
18	Eye Exams and Glasses (1 pair after cataract surg.)	\$0 routine exam; \$300 eyewear allowance	\$0 routine exam; \$100 eyewear allowance	\$0 routine exam; \$200 eyewear allowance
19	Dental Included with Plan	\$0 for preventive, see plan doc for others	None	\$0 for preventative, \$0 copay for certain
20	Transp. to approved dest.	\$0 up to 48 trips	\$0 up to 36 trips	\$0 up to 24 trips
21	Fitness Benefits	SilverSneakers	Renew Active	Fitness Credits
22	OTC/Flex Card Credit	\$440 OTC Credit/qtr	\$110 OTC Credit/qtr	\$200 Flex Card/yr
23	Optional Benefits Available for Extra Monthly Premium	None	None	None
	<b>PRESCRIPTION DRUGS (PART D)</b>			
24	Drug Deductible	\$0	\$505 / \$0 w Medi-Cal	\$0

See **PlanFinder** at Medicare.gov